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Bib Data Sheet

CONFIRMATION NO. 8790

SERIAL NUMBER 10/655,715	FILING DATE 09/06/2003 RULE	CLASS 210	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. KLW 001 P2
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APPLICANTS

Robert W. Holland, Newark, OH;

Jerry L. Waller, Newark, OH;
Daniel J. Martin, Newark, OH; Steven M. Abrams, New Albany, OH;
Stephen L. Fort, Owensboro, KY;
Charles W. Travelstead, Albuquerque, NM;
Jeffery W. Jones, Owensboro, KY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 12/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	OH	3	20	3

ADDRESS

Patrick P. Phillips
Kremblas, Foster, Phillips & Pollick
7632 Slate Ridge Boulevard
Reynoldsburg, OH
43068

TITLE

Coalescer media flexible container and method of use

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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